

KENTUCKY BOARD OF LICENSURE FOR PASTORAL COUNSELORS

PO BOX 1360
FRANKFORT KY 40602
502.564.3296
<http://klpc.ky.gov>

RENEWAL APPLICATION FOR LICENSURE AS A PASTORAL COUNSELOR

Your Licensure as a Pastoral Counselor expires on Expire Dt. In accordance with KRS 335.625 and 201 KAR 38:070 regulations governing this profession, you are required to renew your certification every three years. Please return this completed form with the renewal fee of \$300.00 by check or money order made payable to Kentucky State Treasurer (**do not send cash**). Fee received during the three (3) months grace period after the renewal date shall be \$400.00. The Board shall cancel any certification not renewed within three (3) months after the renewal date and you must Cease and Desist the use of the title Certified or Licensed Pastoral Counselor. Reinstatement within one (1) year after the renewal date shall be \$500.00. No exceptions shall be made.

PLEASE COMPLETE ALL OF THE FOLLOWING:

Name

Present place of employment

Address

Address

Address

Address

City State Zip

City State Zip

Home telephone number

Business telephone #

Home e-mail address

Business e-mail address

Social Security number

License Number

License number

1. Have you been convicted of a felony since your last application or renewal? "Conviction" including all instances in which a plea of no contest is the basis of the conviction. () No () Yes
If yes, list offense and provide details on a separate sheet of paper.
2. Have you been subject to disciplinary action by a mental health credentialing board? () No () Yes
If yes, give details on a separate sheet of paper.
3. List any state in which you have become licensed or certified since your last renewal, the type of license or certification, and the number of the certification or license: _____
4. Are you serving in the military? () No () Yes

AFFIDAVIT

I, the certificate holder, named in the above, do certify under penalty of law that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my certification could be subject to disciplinary action by the Board of Licensure for [Pastoral Counselors.

I have completed a minimum of twenty (20) clock or credit hours of continuing education in the past three (3) years. I realize that, at the Board's request, I may be asked to submit information that supports this statement.

License Holder's Signature: _____ Date: ____/____/____
(Sign your name – Do not print or type)